

The Special Attention of Physicians is respectfully invited to the remarks below, and to lists of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 391 Office of Registrar of Vital Statistics. Ward 9<sup>th</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 15<sup>th</sup> 89

Full Name of Deceased, Fritz Martin  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, 52 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, Germany  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Four days

Place of Death, Funclerum 309 S. Sharp St  
{ Give Street and Number. }

Cause of Death, Intemperance  
Coma  
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, June 16<sup>th</sup> 1889

Undertaker, C. F. Kraus Medical Attendant, DeLaney W. Barclay M. D.

Place of Business, Health Office Address, 108 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

A. 392

Office of Registrar of Vital Statistics.

Ward

2 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

June 15<sup>th</sup> 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

John Frederick Fries

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

Years,

4

Months,

27

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give Street and Number.

1602 Canton Ave

Cause of Death,

{ First (Primary),

Second (Immediate),

Gastro-Enteritis

Convulsions

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

1<sup>st</sup> Evangelical Cms.

Date of Burial,

June 16<sup>th</sup> 1887

{ Undertaker,

W. Sanderson

Jas. E. Gibbons

M. D.

Medical Attendant.

{ Place of Business,

1710 Canton Ave

Address, 833 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

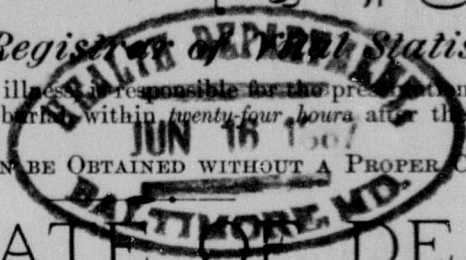
Physicians are respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 393 Office of Registrar & ~~DEPT. OF~~ Statistics. Ward 12<sup>c</sup>

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, Rosalie June 14<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosalie

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,                      Years, 1 Months,                      Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,                     

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } St. Vincent's Infants' Asylum

Cause of Death, { First (Primary), Second (Immediate), } Marasmus  
Ex.

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, New South Cemetery

Date of Burial, June 17. 1887

{ Undertaker, John Barron } J. Flannery M. D.  
{ Place of Business, Division St. } Medical Attendant.

Address, 1701 N. Hill ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

# Health Department, City of Baltimore.

Permit No. A 394 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 15<sup>th</sup> '87

Full Name of Deceased, Edmund

Sex, Male or Female, Male

Age, 2 Years, 2 Months, 0 Days.

Color, White

Married, Single, Widow or Widower

Occupation,

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, St. Vincent's Asylum

Cause of Death, Marasmus

Duration of Last Sickness, Since birth - 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, New Catholic Cemetery

Date of Burial, June 15<sup>th</sup> 1887

Undertaker, John Bannow

Place of Business, Division St. Address, 1701 Dr Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Board of Health, City of Baltimore, (12

Permit No. A. 395

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 15, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Lawrence Sutton Power

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 22 Years, 1 Months, 12 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Single

Occupation, Solent

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 1903 Eutaw Place

Cause of Death, { First, (Primary.) Caries temporal bone. Chronic otorrhoea.  
Second, (Immediate.) meningitis (Cerebro spinal) pyaemic from

Duration of last Sickness, Seven weeks? Ear disease

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 18th 1887

Undertaker, Newfink & Sons

Place of Business, Park Haratya

Alfred Wanstall, M. D.  
Medical Attendant.

Address, 818 N. Eutaw St.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 396 Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 14/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John C. Moon

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One Years, one Months, 25 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } 1016 Croft St

Cause of Death, { First (Primary), Second (Immediate), } Dentition  
Cholera Infantum

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Andrew's Cemetery

Date of Burial, June 16 1887 No S. H. A. R. O. M. D.

Undertaker, W. J. Tucker Medical Attendant.

Place of Business, 271 E. Euterpe Address, 1016 Croft St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/1922.

Special Attention: Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 397 Office of Registrar of Vital Statistics. Ward 15<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 16 89

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm O. Taylor

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 12 Years, 12 Months, 12 Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } B. City

Duration of Residence in the City of Baltimore, 12 days

Place of Death, { Give Street and Number. } 130 E. Hughes

Cause of Death, { First (Primary), Second (Immediate), } Premature birth  
Distention

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, June 16, 1887

Undertaker, Bernard Harle R. O. Ellis M. D.

Place of Business, 115 West St Address, 915 Lyth

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



THE SPECIAL ATTENTION OF PHYSICIANS IS RESPECTFULLY INVITED TO THE REMARKS BELOW, AND TO LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

# Health Department City of Baltimore.

Permit No. 398 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within 24 hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 15th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William A. Parsall

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 3 Months, 0 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Brooklyn N.Y.

Duration of Residence in the City of Baltimore, 6 weeks

Place of Death, { Give Street and Number. } 529 N. Chester

Cause of Death, { First (Primary), Second (Immediate), } Diarrhoea  
Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, June 16 1887

Undertaker, John Henning M. D.

Medical Attendant.

Place of Business, 2008 Orleans St Address, 1835 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

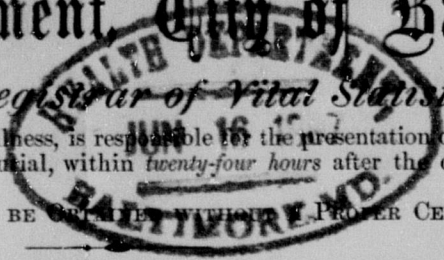
Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

# Health Department, City of Baltimore.

Permit No. A. 399 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE GRANTED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, June 15th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Stellie Shermer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 6 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Since Birth

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } # 1718 Alice Anna St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem.

Date of Burial, June 17th 1887

Undertaker, G. B. France John H. Rehberger M. D. Medical Attendant.

Place of Business, 39 Ant & Wolf Address, # 1709 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Special Notice: Physicians are respectfully invited to fill out the blanks below, and to list of diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

400

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 15th, 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Castillo

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 3 Months, 13 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Porto Rico

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give Street and Number. } 2723 133 Hudson St

Cause of Death, { First (Primary), Second (Immediate), } Malaria

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, June 17th 1884

{ Undertaker, G. France } E. J. Williams, M. D.

{ Place of Business, Bank & Wife Address, 2826 E. 12th St. } Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]